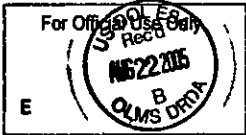


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/> <b>13412</b>	2 Fiscal Year Covered From <input type="text"/> / <input type="text"/> / <b>2008</b> Through <input type="text"/> / <input type="text"/> / <b>2009</b>
3 Name and address of person filing Name <input type="text"/> <b>PATRICK D KELLY</b> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> <b>140 SOUTH MARKS WAY</b> City <input type="text"/> <b>ORANGE</b> State <input type="text"/> <b>CA</b> ZIP Code + 4 <input type="text"/> <b>92668-2688</b>	4 Name file number and address of labor organization Name <input type="text"/> <b>TEAMSTERS LOCAL 952</b> Labor Organization File Number <input type="text"/> <b>034-503</b> P O Box Building and Room Number if any <input type="text"/> Street <input type="text"/> <b>140 South Marks Way</b> City <input type="text"/> <b>Orange</b> State <input type="text"/> <b>CA</b> ZIP Code + 4 <input type="text"/> <b>92668-2688</b>
5 Position in labor organization <input type="text"/> <b>SECRETARY-TREASURER</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest, Transaction or Income. <input type="text"/> 7 b Amount. <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)		
Signed	On <input type="text"/> <b>8-15-08</b> Date	<input type="text"/> <b>714 740 6242</b> Telephone Number

Name of Person Filing <b>PATRICK D. KELLY</b>	File Number U
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name <u>D.M.C. Administrators</u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u>P.O. Box 757 Sub 40</u></p> <p>Street <u>6601 KOLL CENTER PARKWAY</u></p> <p>City <u>Pleasanton</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>94566</u></p>	<p><b>9 Business deals with</b></p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <u>LABOR ALLIANCE MANAGED TRUST</u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u>P.O. Box 757</u></p> <p>Street <u></u></p> <p>City <u>Pleasanton</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>94566</u></p>	<p><b>11 a Nature of such dealing</b></p> <p><u>Administrator of health &amp; welfare benefits for Labor organization's employees &amp; for members the labor organization represents</u></p> <p><b>11 b Approximate dollar value of such dealing</b> <u>\$577,910</u></p> <p><b>12 a Nature of interest held or income received</b></p> <p><u>received a christmas food basket in December 2007</u></p> <p><b>12 b Amount</b> <u>approx - \$100.00</u></p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name <u></u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p><b>14 a Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?</p>	<p><b>14 b Amount of payment.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing <b>PATRICK D. KELLY</b>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <b>PACIFIC COAST BENEFITS TRUST</b></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street <b>2323 Eastlake Ave E.</b></p> <p>City <b>Seattle</b></p> <p>State <b>WA</b> ZIP Code + 4 <b>98102</b></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>PACIFIC COAST BENEFITS TRUST</b></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street <b>2323 Eastlake Ave E</b></p> <p>City <b>Seattle</b></p> <p>State <b>WA</b> ZIP Code + 4 <b>98102</b></p>	<p>11 a Nature of such dealing</p> <p><b>provides pension benefits for members the labor organization represents</b></p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p><b>in connection with my duties as a trustee at trust fund meetings the fund paid</b></p> <p><b>24.59 - dinner - 2-11-2004</b></p> <p><b>17.64 - cont breakfast 2-12-2004</b></p> <p><b>51.20 - dinner 2-12-2004</b></p> <p><b>15.19 - cont breakfast 2-12-2004</b></p> <p><b>43.84 - luncheon 2-25-2004</b></p> <p>12 b Amount <b>152.46</b></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing <b>PATRICK D KELLY</b>	File Number U
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>9 Business deals with</b></p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <b>Palm Springs Riverside Hotel &amp; Resort</b></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg Room No. if any <input style="width: 80%;" type="text"/></p> <p>Street <b>1600 North Indian Canyon Road</b></p> <p>City <b>Palm Springs</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>92262</b></p>	<p><b>11 a Nature of such dealing</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>provides hotel rooms, meeting rooms &amp; dining for union meetings</p> </div> <p><b>11 b Approximate dollar value of such dealing</b> <u>no more than \$12,000</u></p> <p><b>12 a Nature of interest held or income received</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>received a complimentary wine cheese and fruit Christmas basket on December 8, 2004</p> </div> <p><b>12 b Amount</b> <u>approx 30.00</u></p>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>14 a Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?</p>	<p><b>14 b Amount of payment.</b></p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>